

Exhibit A

INT \_\_\_\_\_

BO Housenment

MICHAEL K. JEANES

Clerk of the Superior Court

By Carrie Allen, Deputy

Date 07/20/2011 Time 15:46:00

Name:

Address:

City, State, Zip Code:

Telephone:

In this case I am the:

NOA 101

Dianne Barker  
3219 E. Camelback Rd. #300  
Phoenix, AZ 85018  
(602) 999-4448

Description

Amount

CV2011-011978

NEW COMPLAINT

301.00 W

AMOUNT

0.00

Receipt# 21514039

**SUPERIOR COURT OF ARIZONA  
 MARICOPA COUNTY**

Dianne Barker

Plaintiff/Petitioner

City of Phoenix, Municipal Corp. Mayor Philip Gordon, et al21st Century Ins of SWat; Jose Maria Ramirez Jimmy Maria Muneton

Defendant/Respondent

Case Number: CV 2011 011978

Title:

COMPLAINT  
Personal Injury/Property DamageJurisdiction:

Venue is this court based on grounds: (1) At least one (1) defendant location here, and (2) the place injury/damage occurred. Timely Notice of Claim is filed with City of Phoenix, Clerk on December 10, 2010.

Claim for Relief:

On July 21st, 2010, plaintiff was struck by SUV insured by 21st Century. Seriously injured, an ambulance rushed Barker to Good Samaritan ER. She was released to family doctor's treatment for treatment. Defendant's owed care and protection under laws and ordinance for plaintiff who is 100% NOT AT FAULT, but was HARMED. The Accident report with witness statement is attached, but not substantive. The officer's false reporting appears intentional tort and discrimination of unequal protection via US & AZ Constitution blaming victim plaintiff who never was interviewed per law, collision manual for "her side", 1st Amendment Constitution free speech violation, Barker is a SSDI (Disabled), female, senior protected under ADA 1990, Rehab Act 1973, Civil Rights laws and Title ARS 28 Traffic Case law "Maxwell v. Gossett".

Demand for Judgement:

Monetary compensation for personal injury & property damages  
\$13,000 & punitive damages proper HUSC 1983 / tolled + injunctive relief for police training. Respectfully submitted:  
Total: \$44,900

Dianne Barker  
 Dianne Barker Tholli

<b>ADOT TRAFFIC ACCIDENT REPORT</b>		<b>ADOT USE ONLY</b>		<b>REPORT ID</b>		<b>Agency Report Number</b>	
POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 054R 205 S. 17th AVE., PHOENIX, ARIZONA 85007-3223		YEAR MONTH DAY 2010 07 21		HOUR NCIC NO. 18 12 0723		OFFICER'S ID 6757	
						1013341	
						Total No. Of Sheets 3	

COMPLETE THE FOLLOWING SUPPLEMENT IF ANY ☒ (circle) AND ANY ☒ (diamond) ARE CHECKED

Total Units	2	Total Injuries	1	Total Fatalities	0	Estimated Total Damage Compared To Limit	<input checked="" type="checkbox"/> Over <input type="checkbox"/> Under <input type="checkbox"/> Hit/Run <input type="checkbox"/> Govt. Prop		<input checked="" type="checkbox"/> Person transported for Immediate Care <input type="checkbox"/> Vehicle from Scene?	<input type="checkbox"/> Tow Away At Least One Vehicle from Scene?	District Grid No. 500
-------------	---	----------------	---	------------------	---	--	--	--	--	--	--------------------------

**LOCATION**

On Highway/Road/Street: **EAST WASHINGTON STREET** ☒ Inside City **PHOENIX** County **01 - MARICOPA**

Intersecting Road/IMP. or R.P.: **1ST STREET** ☐ North ☐ South ☐ Plus ☐ Distance **39** ☒ Measured ☐ Feet ☐ Miles

☐ At ☒ From

**TRAFFIC UNIT NO. 1**

State **AZ** Class **D** End **B132222076** ☒ DL # ☐ SSN ☐ Both Person Type **PEDALCYCLIST** Name **DIANNE BARKER** Sex **F** Inj **2**

Restrictions **6/15/1948** Date of Birth **5105 NORTH 40TH STREET #E221** Street **PHOENIX** State **AZ** Zip Code **85018** Telephone Number **(602) 998-4448**

Plate Number **160RJK** State **AZ** Month **JUL** Year **2010** ☒ Same as Driver Owner/Carrier Name **DRIVER** Street **DRIVER** City **DRIVER** State **DRIVER** Zip Code **DRIVER**

Style **BICYCLE** ☒ Disabled ☐ Not Disabled ☐ Removed By **DRIVER** Orders Of **DRIVER** Posted Speed Limit **25** O/E Est Speed **10**

Removed To **SERVICE** Insurance Carrier **N/A** Telephone Number **N/A** Policy Number **N/A** Eff Date / Exp Date **N/A**

Trailer (Other Unit) Plate No. **N/A** State **N/A** Year **N/A** Description of Trailer or Other Unit **N/A** GVW (Registered) of Power Unit Greater than 10k pounds? ☒ Yes ☐ No HazMat Placard? ☒ Yes ☐ No 4-Digit **1-Digit** Was HazMat Cargo? ☐ Yes ☒ No

**TRAFFIC UNIT NO. 2**

State **AZ** Class **D** End **D03845820** ☒ DL # ☐ SSN ☐ Both Person Type **DRIVER** Name **JIMMY MEZA MUNETON** Sex **M** Inj **1**

Restrictions **7/29/1982** Date of Birth **5637 SOUTH 9TH AVENUE** Street **PHOENIX** State **AZ** Zip Code **85041** Telephone Number **(602) 214-9653**

Plate Number **160RJK** State **AZ** Month **JUL** Year **2010** ☒ Same as Driver Owner/Carrier Name **DRIVER** Street **DRIVER** City **DRIVER** State **DRIVER** Zip Code **DRIVER**

Style **OTHER TRUCK** ☒ Disabled ☐ Not Disabled ☐ Removed By **DRIVER** Orders Of **DRIVER** Posted Speed Limit **25** O/E Est Speed **10**

Removed To **SERVICE** Insurance Carrier **21ST CENTURY INSURANCE** Telephone Number **(800) 322-8200** Policy Number **30025053305** Eff Date / Exp Date **11/10**

Trailer (Other Unit) Plate No. **N/A** State **N/A** Year **N/A** Description of Trailer or Other Unit **N/A** GVW (Registered) of Power Unit Greater than 10k pounds? ☒ Yes ☐ No HazMat Placard? ☒ Yes ☐ No 4-Digit **1-Digit** Was HazMat Cargo? ☐ Yes ☒ No

**TRAFFIC UNIT NO. 4**

State **AZ** Class **D** End **D03845820** ☒ DL # ☐ SSN ☐ Both Person Type **DRIVER** Name **JIMMY MEZA MUNETON** Sex **M** Inj **1**

Restrictions **7/29/1982** Date of Birth **5637 SOUTH 9TH AVENUE** Street **PHOENIX** State **AZ** Zip Code **85041** Telephone Number **(602) 214-9653**

Plate Number **160RJK** State **AZ** Month **JUL** Year **2010** ☒ Same as Driver Owner/Carrier Name **DRIVER** Street **DRIVER** City **DRIVER** State **DRIVER** Zip Code **DRIVER**

Style **OTHER TRUCK** ☒ Disabled ☐ Not Disabled ☐ Removed By **DRIVER** Orders Of **DRIVER** Posted Speed Limit **25** O/E Est Speed **10**

Removed To **SERVICE** Insurance Carrier **21ST CENTURY INSURANCE** Telephone Number **(800) 322-8200** Policy Number **30025053305** Eff Date / Exp Date **11/10**

Trailer (Other Unit) Plate No. **N/A** State **N/A** Year **N/A** Description of Trailer or Other Unit **N/A** GVW (Registered) of Power Unit Greater than 10k pounds? ☒ Yes ☐ No HazMat Placard? ☒ Yes ☐ No 4-Digit **1-Digit** Was HazMat Cargo? ☐ Yes ☒ No

**PASSENGERS**

Unit #	Seat Pos	SD	Name	Address	City	State	Zip Code	Age	Sex	Inj
1	1		NONE							

**Other Property Damage (Describe)**

Owner's Name **KATIE ANN DOWNES** Address **11816 NORTH 39TH AVENUE** City **PHOENIX** State **AZ** Zip Code **85029** Telephone Number **(602) 677-3673** Age **25**

**WITNESSES**

Name **KATIE ANN DOWNES** Address **11816 NORTH 39TH AVENUE** City **PHOENIX** State **AZ** Zip Code **85029** Telephone Number **(602) 677-3673** Age **25**

**8** Photo Taken ☒ Yes ☐ No (Photographer's name, ID Number, and Agency) **Invest. at Scene** ☐ Yes ☒ No **Date Invest.** **7/21/2010** **Time Invest.** **18:30**

Officer's Signature and ID Number **T. G. G. 6757** Agency **Phoenix Police Department** Date Completed **7/21/2010**

SEE ATTACHED DIAGRAM 1024574

FIRST HARMFUL EVENT:  
LANE:  
CONTROL:  
TRAFFIC WAY

1013341

11. SKIDDING OCCURRED VEHICLE 1 2 3  
YES NO ☒

12. CITATIONS  
UNIT A.R.S. NO. OR CITY CODE  
1 NONE  
2 NONE

13. PRIOR ACTION  
UNIT ACTION  
1 NO PRIOR ACTION TAKEN  
2 TURNED RIGHT  
3

14. MANNER OF COLLISION  
CHECK ONLY ONE  
1 ☐ SINGLE VEHICLE  
2 ☐ ANGLE  
3 ☐ LEFT TURN  
4 ☐ RIGHT TURN  
5 ☐ U-TURN  
6 ☐ REAR-END  
7 ☐ HEAD-ON  
8 ☐ SIDESWIPE (SAME DIRECTION)  
9 ☐ SIDESWIPE (OPPOSITE DIRECTION)  
10 ☐ BACKING  
11 ☐ NON-CONTACT MOTORCYCLE  
12 ☐ NON-CONTACT NON-MOTORCYCLE  
13 ☐ PEDESTRIAN  
14 ☒ PEDALCYCLE  
15 ☐ OTHER

13. DESCRIBE WHAT HAPPENED  
SEE ATTACHED SUPPLEMENT

INJURED TAKEN TO / BY  
DIANNE BARKER TRANSPORTED BY PHOENIX FIRE RESCUE 8.

16. LIGHT CONDITION  
CHECK ONLY ONE  
1 ☒ DAYLIGHT  
2 ☐ DAWN OR DUSK  
3 ☐ DARKNESS  
YES NO  
1 ☐ STREET LIGHT  
2 ☐ STREET LIGHT FUNCTIONING

17. WEATHER CONDITIONS  
CHECK ONLY ONE  
1 ☒ CLEAR  
2 ☐ CLOUDY  
3 ☐ SLEET / HAIL  
4 ☐ RAIN  
5 ☐ SNOW  
6 ☐ SEVERE CROSSWINDS  
7 ☐ BLOWING SAND, SOIL, DIRT, SNOW  
8 ☐ FOG, SMOG, SMOKE

18. ROAD SURFACE TYPE  
CHECK ONLY ONE  
1 ☒ ASPHALT  
2 ☐ CONCRETE  
3 ☐ GRAVEL  
4 ☐ DIRT  
5 ☐ OTHER

19. TYPE OF LOCATION  
CHECK ONLY ONE  
1 ☐ INTERSECTION  
2 ☒ JUNCTION AREA  
3 ☐ NON-JUNCTION AREA  
4 ☐ DRIVEWAY ACCESS  
5 ☐ ALLEY ACCESS  
6 ☐ ALLEY

20. INTERSECTION RELATED  
YES ☒ NO ☐

21. SPECIAL LOCATION  
CHECK ONLY ONE  
1 ☐ SCHOOL CROSSING  
2 ☒ PEDESTRIAN CROSSWALK (STRIPED)  
3 ☐ PEDESTRIAN CROSSWALK (NO STRIPING)  
4 ☐ BRIDGE  
5 ☐ TUNNEL  
6 ☐ RR CROSSING  
7 ☐ GORE AREA  
8 ☐ BIKE PATH  
9 ☐ 3-WAY LEFT TURN LANE

22. UNUSUAL ROAD CONDITION  
CHECK ONLY ONE  
1 ☐ UNDER CONSTRUCTION, TRAFFIC ALLOWED  
2 ☐ UNDER CONSTRUCTION, NO TRAFFIC ALLOWED  
3 ☐ UNDER REPAIRS  
4 ☐ HOLES, RUTS, BUMPS  
5 ☐ OBSTRUCTION - PROTECTED  
6 ☐ OBSTRUCTION - UNPROTECTED  
7 ☐ OBSTRUCTION - UNLIGHTED AT NIGHT  
8 ☐ DEFECTIVE SHOULDERS  
9 ☐ CHANGING ROAD WIDTH  
10 ☐ WATER (STANDING OR MOVING)  
11 ☐ TEMPORARY LANE CLOSURE

23. TRAFFIC CONTROL DEVICES  
LEGEND:  
A-DEVICE OPERATIONAL  
B-DAMAGED OR NON-FUNCTIONAL PRIOR TO ACCIDENT  
CHECK ANY THAT APPLY  
1 ☒ A  
2 ☐ B  
3 ☐ C  
4 ☐ D  
5 ☐ E  
6 ☐ F  
7 ☐ G

24. NON-INTERSECTION ROAD CHARACTER  
CHECK ONLY ONE  
1 ☐ 2-WAY STRIPED CENTERLINE  
2 ☐ 3-WAY, NO STRIPE  
3 ☐ 2-WAY, PAINTED MEDIAN  
4 ☐ 2-WAY, RAISED MEDIAN  
5 ☐ 2-WAY, CONCRETE BARRIER  
6 ☐ 2-WAY, CABLE BARRIER  
7 ☐ 2-WAY, DEPRESSED MEDIAN  
8 ☐ 2-WAY, EXTENDED MEDIAN  
9 ☒ 1-WAY STREET

25. ROAD GRADE  
CHECK ONLY ONE  
1 ☒ LEVEL  
2 ☐ DOWNGRADE  
3 ☐ UPGRADE  
4 ☐ HILLCREST  
5 ☐ DIP

26. ROAD SURFACE CONDITION  
CHECK ONLY ONE  
1 ☒ DRY  
2 ☐ WET  
3 ☐ SAND, MUD, DIRT, OIL, GREASE  
4 ☐ SNOW  
5 ☐ SLUSH  
6 ☐ ICE  
7 ☐ OTHER  
8 ☐ UNKNOWN

27. CONDITIONS INFLUENCING DRIVER  
CHECK ONLY ONE  
1 ☒ NO APPARENT INFLUENCE  
2 ☐ HAD BEEN DRINKING  
3 ☐ USE OF ALICIT DRUGS  
4 ☐ ILLNESS  
5 ☐ FELL ASLEEP / FATIGUED  
6 ☐ PHYSICAL IMPAIRMENT  
7 ☐ PRESCRIPTION DRUGS  
8 ☐ OTHER  
9 ☐ UNKNOWN

28. VIOLATIONS / BEHAVIOR  
TWO CHOICES PER PERSON MAY BE SELECTED  
1 ☐ NO IMPROPER ACTION  
2 ☐ SPEED TOO FAST FOR CONDITIONS  
3 ☐ EXCEEDED LAWFUL SPEED  
4 ☐ FAILED TO YIELD RIGHT-OF-WAY  
5 ☐ FOLLOWED TOO CLOSELY  
6 ☐ RAN STOP SIGN  
7 ☐ DISREGARDED TRAFFIC SIGNAL  
8 ☐ MADE IMPROPER TURN  
9 ☐ DROVE IN OPPOSING TRAFFIC LANE  
10 ☐ KNOWINGLY OPERATED WITH FAULTY OR MISSING EQUIPMENT  
11 ☐ REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED  
12 ☐ PASSED IN NO PASSING ZONE  
13 ☐ UNSAFE LANE CHANGE  
14 ☐ OTHER UNSAFE PASSING  
15 ☐ INATTENTION  
16 ☐ DID NOT USE CROSSWALK  
17 ☐ WALKED ON WRONG SIDE OF ROAD  
18 ☐ OTHER  
19 ☐ UNKNOWN

29. VEHICLE CONDITION  
TWO CHOICES PER PERSON MAY BE SELECTED  
1 ☐ NO APPARENT DEFECTS  
2 ☐ DEFECTIVE BRAKES  
3 ☐ DEFECTIVE STEERING  
4 ☐ DEFECTIVE HEADLIGHTS  
5 ☐ DEFECTIVE TAIL LIGHTS  
6 ☐ DEFECTIVE TURN SIGNAL  
7 ☐ PUNCTURE OR BLOWOUT  
8 ☐ ONE OR MORE SMOOTH TIRES  
9 ☐ FIRE  
10 ☐ DEFECTIVE WINDSHIELD WIPER  
11 ☐ DEFECTIVE EXHAUST SYSTEM  
12 ☐ OTHER DEFECTS  
13 ☐ NO TRAILER BRAKES  
14 ☐ UNKNOWN

30. TRAFFIC UNIT ACTION  
CHECK ONE PER UNIT  
1 2 3  
1 ☐ GOING STRAIGHT AHEAD  
2 ☐ SLOWING IN TRAFFICWAY  
3 ☐ STOPPED IN TRAFFICWAY  
4 ☐ MAKING LEFT TURN  
5 ☒ MAKING RIGHT TURN  
6 ☐ MAKING U TURN  
7 ☐ ENTERING ALLEY OR DRIVEWAY  
8 ☐ LEAVING ALLEY OR DRIVEWAY  
9 ☐ OVERTAKING/PASSING  
10 ☐ CHANGING LANES  
11 ☐ BACKING  
12 ☐ AVOIDING VEHICLE, OBJECT, PEDESTRIAN  
13 ☐ ENTERING PARKING POSITION  
14 ☐ LEAVING PARKING POSITION  
15 ☐ PROPERLY PARKED  
16 ☐ IMPROPERLY PARKED  
17 ☐ DRIVERLESS MOVING VEHICLE  
18 ☒ CROSSING ROAD  
19 ☐ WALKING WITH TRAFFIC  
20 ☐ WALKING AGAINST TRAFFIC  
21 ☐ STANDING  
22 ☐ LYING  
23 ☐ GETTING ON OR OFF VEHICLE  
24 ☐ WORKING ON OR PUSHING VEHICLE  
25 ☐ WORKING ON ROAD  
26 ☐ OTHER  
27 ☐ UNKNOWN

31. VISION OBSCUREMENT  
CHECK ONE PER UNIT  
1 2 3  
1 ☒ NOT OBSCURED  
2 ☐ BY PARKED/STOPPED VEHICLE  
3 ☐ BY MOVING VEHICLE  
4 ☐ BY BUILDING  
5 ☐ BY EMBANKMENT  
6 ☐ BY SIGNBOARD  
7 ☐ BY HILLCREST  
8 ☐ BY LOAD ON VEHICLE  
9 ☐ BY TREES, BUSHES  
10 ☐ BY HEADLIGHT  
11 ☐ BY SUN GLARE  
12 ☐ BECAUSE OF BAD WEATHER  
13 ☐ OTHER  
14 ☐ RAIN, SNOW, FOG ON WINDSHIELD  
15 ☐ WINDSHIELD OBSCURED - OTHER  
16 ☐ UNKNOWN

32. DIRECTION OF TRAVEL  
CHECK ONE PER UNIT  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100  
1 ☒ NORTH  
2 ☐ SOUTH  
3 ☐ EAST  
4 ☐ WEST  
5 ☐ NW  
6 ☐ NE  
7 ☐ SE  
8 ☐ SW  
9 ☐ UNKNOWN

01-2702 ROAD BACK

N 1ST STREET

E WASHINGTON ST  
ONE WAY W/B

S 1ST STREET

RP = NWC OF  
1ST STREET  
WASHINGTON STREET

PI = 49' SOUTH  
7' WEST

18' 11' 10' 7' 10' 10' 12'

24' 12' 36' 14'

ASPHALT  
CONCRETE

9' LIGHTRAIL  
5' 6'

11' 10' 11' 10' 12'

15' 13'

Description

Officer's Signature and ID Number *T. G. #6757*

Date Completed 07-21-10

FORM 01-2706 R/93

## NARRATIVE SUPPLEMENT

- VEH 2 WAS WAITING AT A RED LIGHT FACING SOUTHBOUND ON 1ST STREET. AS THE LIGHT TURNED GREEN, VEH 2 STARTED TO PROCEED FORWARD AND STARTED TO MAKE A RIGHT HAND TURN ONTO WASHINGTON STREET. DRIVER STATED THAT AS HE PROCEEDED FROM THE LIGHT, THAT HE DID NOT SEE ANYONE ATTEMPTING TO CROSS THE SIDEWALK.
- VEH 1 WAS TRAVELING SOUTHBOUND ON A BICYCLE, ON THE SIDEWALK. VEH 1 ATTEMPTED TO CROSS THE CROSSWALK ON A WHITE CROSS SIGNAL WHILE STILL RIDING HER BIKE, BUT STRUCK THE BACK PASSENGER SIDE FENDER AREA OF VEH 2. RIDER OF VEH 1 FELL TO THE GROUND AND COMPLAINED OF PAIN. RIDER WAS TRANSPORTED TO LOCAL HOSPITAL FOR PRECAUTION.
- WITNESS 1 ONE STATED THAT VEH 1 RODE RIGHT OUT ONTO THE CROSSWALK AND STRUCK VEH 2.

Officer's Signature and ID Number *T. G. #6757*

Date Completed 07-21-10

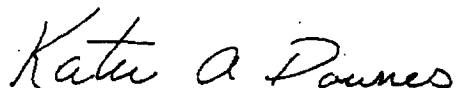
FORM 01-2706 R/93

4/5/11

To Whom It May Concern:

I witnessed the accident in question on July 21, 2010. I did not see which vehicle impacted the other vehicle. I saw that there was an impact, but not the initial impact.

Sincerely,

A handwritten signature in cursive script that reads "Katie A Downes".

Katie A Downes



City of Phoenix

STREET TRANSPORTATION DEPARTMENT

August 11, 2010

Phoenix 2009



Ms. Dianne Barker  
3219 East Camelback Rd., # 393  
Phoenix, Arizona 85018

RE: 1<sup>st</sup> Street & Washington and 1st Avenue & Washington

Dear Ms. Barker:

This letter is in response to your request for Traffic Signal Light sequencing at the intersections referenced above. The following information is valid for July 28, 2010 at 12:00 p.m.

\* The intersection of Washington and 1<sup>st</sup> Street is controlled by traffic actuated equipment and provides a protected arrow to cross the light rail train tracks for the West direction of travel.

Assuming maximum traffic demand, the following timing would have occurred.

Westbound on Washington: The total green time would be 33.0 seconds.

Westbound and Westbound Crossover on Washington: The total green time would be 27.2 seconds followed by 3.0 seconds of yellow time and 1.8 seconds of all red time.

\* Northbound and Southbound on 1<sup>st</sup> Street: The total green time would be 20.2 seconds followed by 3.0 seconds of yellow time and 1.8 seconds of all red time.

Total cycle time is 90 seconds.

The intersection of Washington and 1<sup>st</sup> Avenue is controlled by traffic actuated equipment and provides a protected right turn arrow for the South to West direction of travel.

Assuming maximum traffic demand, the following timing would have occurred.

Southbound on 1<sup>st</sup> Avenue and Southbound Access Lane: The total green time would be 28.2 seconds followed by 3.0 seconds of yellow time and 1.8 seconds of red time (Southbound 1<sup>st</sup> Avenue remains green at this time).

# Service Sheet

**This page must be completed and attached to the last page of your motion/request.**

☒ I have filed the ORIGINAL of the attached document(s) on July 20<sup>th</sup>, 2011  
Month Day  
with the Clerk of the Superior Court of Arizona in Maricopa County.

☐ I have mailed/delivered a COPY of the attached document(s) on July 20<sup>th</sup>,  
Month Day  
2011 to Judge \_\_\_\_\_  
(The Judge assigned to your case)

☐ I have mailed/delivered a COPY of the attached document(s) on July 20<sup>th</sup>,  
Month Day  
2011 to:

(You must mail a copy of all documents to the other side and his/her lawyer)

City of Phoenix, City Clerk  
Name of Other Side  
300 West Washington Street  
Address  
Phoenix, AZ 85003  
City, State, Zip

21<sup>st</sup> Century Insurance Claims Legal Dept  
Name of Other Side's Lawyer  
P.O. Box 269035  
Lawyer's Address  
Oklahoma City, OK 731269035  
City, State, Zip

By signing below, I promise that I have filed/mailed the attached document(s) as shown above. I understand that if I do not file/mail the attached document(s) as shown above, the judge in my case will not read my request/motion.

Melanie Barker  
Your signature



MICHAEL K. JEANES, CLERK  
BY C Allen DEP  
FILED

NAME: Dianne Barker 11 JUL 20 PM 3:43

ADDRESS: 3219 E. Camelback Rd, #393

CITY, STATE, ZIP: Phoenix, AZ 85018

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF MARICOPA

Dianne Barker

PLAINTIFF,

vs.

City of Phoenix Municipal Corp  
Mayor Philip Gordon, et al  
21st Century Insurance  
DEFENDANTS  
Jose Mesa Ramirez Sunny Mesa Muneton

NO. CV2011 011978

CERTIFICATE OF  
COMPULSORY  
ARBITRATION

The undersigned certifies that the largest award sought by the complainant, including punitive damages, but excluding interest, attorneys' fees, and costs ~~does / does not~~ exceed limits set by Local Rule for compulsory arbitration. This case is / is not subject to the Uniform Rules of Procedure for Arbitration.

SUBMITTED this 20<sup>th</sup> day of July, 2011

BY Dianne Barker

Name:  
Address:  
City, State, Zip Code:  
Telephone:  
In this case I am the:

Dianne Barker  
3219 E. Camelback Rd. #393  
Phoenix AZ 85018  
(602) 949-4448  
☒ Plaintiff/Petitioner ☐ Defendant/Respondent

FOR CLERK'S USE ONLY	
MICHAEL K. JEANES, CLERK	DEP
BY <u>C Allen</u>	
FILED	
11 JUL 20	PM 3:48

SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY

Dianne Barker

Case Number: CV2011 011978

Plaintiff/Petitioner

- City of Phoenix, Municipal Corp
  - Mary Jo Philip Gordon, et al
  - 21st Century Insurance
- Defendant/Respondent  
Company of The Southwest  
Jose Mesa Ramirez, Sidney Mesa Muneton

Title:

Demand For Jury Trial

Petitioner, Dianne Barker herein, per the provisions of ARCP 38(b), requests a trial by jury on all issues triable of right by jury in above-entitled action.

Dated 20<sup>th</sup> day of July 2011

Dianne Barker  
Dianne Barker,  
Plaintiff

Artificial Service  
with Complaint

MICHAEL K. JEANES, CLERK  
BY *C Allen* DEP  
FILED

11 JUL 20 PM 3:42

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA  
IN MARICOPA COUNTY**

*Dianne Barker*  
Name of Petitioner/Plaintiff

Case Number *CV 2011 011978*

*City of Phoenix; Mayor Gordon et al*  
*1st Century Insurance of The Southwest*  
Name of Respondent/Defendant

**ORDER REGARDING DEFERRAL OR  
WAIVER OF COURT FEES AND COSTS  
AND NOTICE REGARDING CONSENT  
JUDGMENT**

**THE COURT FINDS** that the applicant (print name): \_\_\_\_\_:

1. ☐ **IS NOT ELIGIBLE FOR A DEFERRAL** of fees and/or costs.  
**OR**
2. ☐ **IS ELIGIBLE FOR A DEFERRAL** of fees and costs based on financial eligibility. As required by state law, the applicant has signed a consent to entry of judgment.  
**OR**
3. ☐ **IS ELIGIBLE FOR DEFERRAL** of fees and/or costs at the court's discretion. (A.R.S. §12-302(L)).  
**OR**
4. ☐ **IS ELIGIBLE FOR DEFERRAL** of fees and costs based on good cause shown. As required by state law, the applicant has signed a consent to entry of judgment.
5. ☒ **IS ELIGIBLE FOR WAIVER** of fees and costs because the applicant is permanently unable to pay.
6. ☐ **IS ELIGIBLE FOR WAIVER** of fees and costs at the court's discretion (A.R.S. §12-302).
7. ☐ **IS NOT ELIGIBLE FOR WAIVER** of fees and costs.

**IT IS ORDERED:**

1. ☐ **DEFERRAL DENIED** for the following reason(s):  
☐ The application is incomplete because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case No. \_\_\_\_\_

**You are encouraged to submit a complete application.**☐ The applicant does not meet the financial criteria for deferral because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A deferral MUST BE granted if the applicant is receiving public assistance benefits or has an income that is insufficient or barely sufficient to meet the daily essentials of life and that includes no allotment that could be budgeted to pay the fees and/or costs necessary to gain access to the court or if the applicant demonstrates other good cause.**

2. ☐ **DEFERRAL GRANTED** for the following fees and/or costs in this court:

- ☐ Any or all filing fees; fees for the issuance of a summons and subpoena; fees for obtaining one certified copy of a temporary order in a domestic relations case or a final order, judgment or decree in all civil proceedings.
- ☐ Fees for service of process by a sheriff, marshal, constable or law enforcement agency.
- ☐ Fees for service by publication.
- ☐ Filing fees and photocopy fees for the preparation of the record on appeal.
- ☐ Court reporter or transcriber fees if employed by the court for the preparation of the transcript.

**IF A DEFERRAL IS GRANTED:**☐ **NO PAYMENTS WILL BE DUE UNTIL FURTHER NOTICE**☐ **SCHEDULE OF PAYMENTS**

The applicant shall pay \$ \_\_\_\_\_ each \_\_\_\_\_ (week, month, etc.) until paid in full, beginning \_\_\_\_\_

3. ☐ **WAIVER DENIED** for all fees and/or costs of this case.4. ☒ **WAIVER GRANTED** for all fees and/or costs of this case that may be waived under A.R.S. §12-302.

- ☒ Any or all filing fees; fees for the issuance of a summons and subpoena; fees for obtaining one certified copy of a temporary order in a domestic relations case or a final order, judgment or decree in all civil proceedings.
- ☐ Fees for service of process by a sheriff, marshal, constable or law enforcement agency.
- ☐ Fees for service by publication.
- ☐ Filing fees and photocopy fees for the preparation of the record on appeal.
- ☐ Court reporter or transcriber fees if employed by the court for the preparation of the transcript.
- ☐ Fees for the issuance of a marriage license.

5. **RIGHT TO JUDICIAL REVIEW.** If the application is denied or a payment schedule set by a special commissioner, you may request the decision be reviewed by a judicial officer. The request must be made within twenty (20) days of the day the order was mailed or delivered to you. If a schedule of payments has been established, payments shall be suspended until a decision is made after the judicial review. The judicial review shall be held as soon as reasonably possible.

6. **NOTICE REGARDING CONSENT JUDGMENT.** Unless any one of the following applies, a consent judgment shall be entered against the applicant for all fees and costs that are deferred and remain unpaid thirty (30) days after entry of final judgment.

Case No. \_\_\_\_\_

- A. Fees and costs are taxed to another party;
- B. The applicant has an established schedule of payments in effect and is current with those payments;
- C. The applicant filed a supplemental application for waiver or further deferral of fees and costs and a decision by the court is pending;
- D. In response to a supplemental application, the court orders that the fees and costs be waived or further deferred; or
- E. Within twenty days of the date the court denies the supplemental application, the applicant either:
  - 1. Pays the fees and/or costs; or,
  - 2. Requests a hearing on the court's order denying waiver or further deferral. If the applicant requests a hearing, the court cannot enter the consent judgment unless a hearing is held, further waiver or deferral is denied and payment has not been made within the time prescribed by the court.

If an appeal is taken, a consent judgment for deferred fees and/or costs that remain unpaid in the lower court shall not be entered until thirty (30) days after the appeals process is concluded. The procedures for notice of court fees and/or costs and for entry of a consent judgment continue to apply.

If a consent judgment is signed and the applicant pays the fees and/or costs in full, the court is required to comply with the provisions of A.R.S. 33-964(C).

7. **DUTY TO REPORT CHANGE IN FINANCIAL CIRCUMSTANCES.** An applicant who is granted a deferral shall promptly notify the court of the change in financial circumstances during the pendency of the case that would affect the applicant's ability to pay court fees and/or costs. Any time the applicant appears before the court on this case, the court may inquire as to the applicant's financial circumstances.

DATED: \_\_\_\_\_

7/30/11

☒ Judicial Officer or ☐ Special Commissioner

Name of Person Filing Document: Dianne BarkerYour Address: 3219 E. CAMELBACK Rd #393Your City, State, and Zip Code: Phoenix AZ 85018Your Telephone Number: (602) 999-4448

Attorney Bar Number (if applicable): \_\_\_\_\_

Representing ☒ Self (Without an Attorney) OR☐ Attorney for ☐ Petitioner ☐ RespondentMICHAEL K. JEANES, CLERK  
BY C. Allen  
FILED

JUL 20 PM 3:43

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA  
IN MARICOPA COUNTYDianne Barker  
Name of Petitioner/PlaintiffCase Number: CV2011 011978City of Phoenix; Mayor Philip Gordon  
21st Century Insurance Company of  
Name of Respondent/Defendant SouthwestAPPLICATION FOR DEFERRAL OR  
WAIVER OF COURT FEES AND/OR  
COSTS AND CONSENT TO ENTRY  
OF JUDGMENT

STATE OF ARIZONA )

COUNTY OF MARICOPA )<sup>ss</sup>

## IMPORTANT

This "Application for Deferral or Waiver of Court Fees and/or Costs" includes a "Consent to Entry of Judgment." By signing this Consent, you agree a judgment may be entered against you for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. At the conclusion of the case you will receive a Notice of Court Fees and Costs Due indicating how much is owed and what step you must take to avoid a judgment against you if you are still unable to pay. Addition details about this process are discussed in the "Consent to Entry of Judgment" section of this application.

**STATEMENTS MADE TO THE COURT UNDER OATH OR AFFIRMATION.** I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

**I am requesting a deferral/waiver of the following fees and/or costs in my case:**

- ☒ Any or all of the following: All filing fees, fees for the issuance of either a summons and subpoena, or fees for obtaining one certified copy of a temporary order in a domestic relations case or a final order, judgment or decree in all civil proceedings.
- ☐ Fees for service of process by a sheriff, marshal, constable or local law enforcement agency (fill out separate affidavit form).
- ☐ Fees for service by publication (fill out separate affidavit form).
- ☒ Filing fees and photocopy fees for the preparation of the record on appeal.
- ☐ Court reporter's fees of reporters or transcribers employed by the court for the preparation of the transcript.
- ☐ Fees for the issuance of a marriage license.

The basis for the request is:

1. ☐ DEFERRAL:

- A. ☐ I receive governmental assistance from the state/federal program(s) marked below:
- ☐ Temporary Assistance to Needy Families (TANF) ☒ Food Stamps
- ☐ Represented by Community Legal Services

OR

- B. ☐ My income is insufficient or is barely sufficient to meet the daily essentials of life, and includes no allotment that could be budgeted for the fees and costs that are required to gain access to the court.

**NOTE:** To determine whether income is insufficient or barely sufficient, the court will review your income and expenses. Among the factors the court may consider are:

1. Whether your gross income as computed on a monthly basis is 150% or less of the current federal poverty level. Gross monthly income includes your share of community property income if available to you.
2. If your income is greater than 150% of the poverty level, but you have proof of extraordinary expenses (including medical expenses and costs of care for elderly or disabled family members) or other expenses that the court finds are extraordinary that reduce your gross monthly income to at or below 150% of the poverty level.

OR

- C. ☐ I do not have the money to pay court filing fees and/or costs now. I can pay the filing fees and/or costs at a later date. **Explain.**

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2. ☒ **WAIVER:**

- A. ☒ I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and unlikely to change in the foreseeable future.
- B. ☒ I receive government assistance from the federal program Supplemental Security Income (SSI). *SSI*

**NOTE:** Every applicant, regardless of his or her financial circumstances, must complete the Financial Questionnaire that follows. If you submit the Application and Financial Questionnaire in person, you **MUST** sign it in front of the court clerk; if you submit the form by mail or by a third party, you **MUST** sign it in front of a notary public. You must submit proof that you receive governmental assistance. If you submit the Application and Financial Questionnaire by mail or by a third party, please attach a copy of your proof of governmental assistance.

**FINANCIAL QUESTIONNAIRE****STATEMENT OF INCOME AND EXPENSES:**

**SUPPORT RESPONSIBILITIES:** List all persons you support (including those you pay child support and/or spousal maintenance/support for):

NAME	RELATIONSHIP
Dianne Barker	Self

**ASSISTANCE:** I receive assistance from:

- ☒ Arizona Health Care Cost Containment System (AHCCCS)  
☐ Arizona Long Term Care System (ALTCS)  
☐ Other: (Explain/Describe) \_\_\_\_\_

**EMPLOYER INFORMATION**

Employer Name:		
Employer Address:		
Employed since:		(Month and Year you started)

**MONTHLY INCOME INFORMATION**

**Monthly Gross Income:** (full amount of wages/salary before any deductions)

\$ 0

**Other current monthly income:** (including spousal maintenance/support, retirement, rental, interest, pensions, scholarships, grants, royalties, lottery winnings) (explain amount and source)

Social Security Disability \$ 766.00

My spouse's monthly gross income: (if available to me)

\$ 0

**TOTAL MONTHLY INCOME:** (Add amounts from these lines.)

\$ 766.00



My monthly expenses and debts are:

	A	B
	MONTHLY PAYMENTS	LOAN BALANCE
Rent/Mortgage payment	\$ 572.00	\$
Car Payment	\$ 0	\$
Car Payment	\$ 0	\$
Credit Card Payments	\$ 150.00	\$ 5,500.00
Credit Card Payments	\$ 50.00	\$ 1,700.00

## Other Financing Obligations with Monthly Payments:

Describe:	\$	\$
Describe:	\$	\$
Describe:	\$	\$

TOTAL OF LOAN BALANCES: (Add column B)

\$ 7,200.00

Food/Household supplies	\$ 25.00
Clothing	\$ 15.00
Utilities (Electric, Gas, Water, Telephone)	\$ 60.00
Medical / Dental/ Prescription Expenses	\$ 6.00
Health Insurance	\$ 0
Car Insurance	\$ 0
Gasoline/Bus Fare	\$ 0
Spousal Maintenance (alimony paid by you)	\$ 0
Child Support	\$ 0
Child Care	\$ 0
Nursing care	\$ 0
Contributions to Retirement Plan / Account	\$ 0
Other <i>mail box</i>	\$ 20.00
Other <i>legal copies / stamps</i>	\$ 7.00

## TOTAL MONTHLY PAYMENTS:

(Add column A, starting from "Rent/Mortgage")

\$ 905.00

## STATEMENT OF ASSETS: List those assets available to you and accessible without financial penalty.

	ESTIMATED VALUE
Cash and Bank Accounts	\$ 30.00
Credit Union Accounts	\$ 0
Retirement Accounts	\$ 0
Other, including Stocks & Bonds	\$ 0
Other	\$
* Equity* in:	
1. Home	\$ 0
2. Cars/ Other Vehicles <i>bicycle</i>	\$ 60.00
3. Other Property used <i>"household"</i>	\$ 400.00
TOTAL ASSETS: (Add)	\$ 490.00

\* Equity is defined as market value minus any liens or loans.

**EXTRAORDINARY EXPENSES:** For example: unusual medical needs, financial hardship, costs of care of elderly or disabled family members. (Proof must be submitted.)

**DESCRIPTION****AMOUNT**

MEDICAL FEES: MARY CARR #15,000  
IRAD PAIN 8,000

\$	15,000
\$	8,000
\$	

**TOTAL EXTRAORDINARY EXPENSES (Add)**

\$ 23,000

**Note:** If you receive a deferral and have unpaid fees at the end of your case you will receive a Notice of Court Fees and Costs Due. This is to remind you that you may submit a supplemental application for further deferral or waiver if you believe you need more time to pay or cannot afford to pay your court fees and costs. The court will decide at that time whether or not you must pay. If you do not file a supplemental application, the original deferral order remains in effect and a consent judgment may be entered against you if you do not pay within thirty calendar days after entry of final judgment.

**If your case is dismissed for any reason, the fees and costs are still due.**

**CONSENT TO ENTRY OF JUDGMENT:** By signing this Application, I agree that a judgment may be entered against me for all fees and/or costs that are deferred but remain unpaid after thirty (30) calendar days after entry of final judgment. Judgment may be entered against me unless any one of the following applies:

- A. Fees and costs are taxed to another party;
- B. I have an established schedule of payments in effect and I am current with those payments;
- C. I file a supplemental application for waiver or further deferral of fees and costs and a decision by the court is pending;
- D. In response to a supplemental application, the court orders that the fees and costs be waived or further deferred; or
- E. Within twenty days of the date the court denies the supplemental application, I either:
  - 1. Pay the fees and/or costs; or,
  - 2. Request a hearing on the court's order denying waiver or further deferral. If I request a hearing, the court cannot enter the consent judgment unless a hearing is held, further deferral or waiver is denied and payment has not been made within the time prescribed by the court.

If you appeal the final decision in your case, a consent judgment for deferred fees and/or costs that remain unpaid in the lower court shall not be entered until after the appeals process is concluded.

**OATH OR AFFIRMATION**

The contents of this document are true and correct to the best of my knowledge and belief.

7-20-11  
 Date

Dianne Barker  
 Signature

DIANNE BARKER  
 Printed Name

JUL 20 2011  
 Date Signed or Affirmed

[Signature]  
 Judicial Officer, Deputy Clerk or Notary Public

My Commission Expires/Seat:

Exhibit B

OFFICE OF THE CITY ATTORNEY  
GARY VERBURG, City Attorney  
State Bar No. 005515  
200 West Washington, Suite 1300  
Phoenix, Arizona 85003-1611  
Telephone (602) 262-6761  
law.civil.minute.entries@phoenix.gov

Christina E. Koehn, # 013037  
Assistant City Attorney  
Attorney for Defendant CITY OF PHOENIX

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

DIANNE BARKER,

Plaintiff,

vs.

CITY OF PHOENIX, MUNICIPAL  
CORPORATION; MAYOR PHILIP  
GORDON; 21ST CENTURY INS. OF S  
WEST; JOSE MESA RAMIREZ; AND  
JIMMY MESA MUNETON, et al.,

Defendants.

NO. CV2011-011978

**NOTICE OF FILING NOTICE OF  
REMOVAL**

(Assigned to the Honorable Eileen  
Willett)

Defendant City of Phoenix, ("Phoenix ") by and through undersigned counsel, and  
pursuant to 28 U.S.C. § 1441 et seq., hereby notifies this Court that it has filed a Notice  
of Removal of this action in the United States District Court for the District of Arizona.

A copy of the Notice of Removal filed August 5, 2011, is attached hereto as Exhibit "1."

...

...

...

1 RESPECTFULLY SUBMITTED this 5th day of August, 2011.

2 GARY VERBURG, City Attorney

3  
4 By /s/Christina E. Koehn

5 Christina E. Koehn  
6 Assistant City Attorney  
7 200 West Washington, Suite 1300  
8 Phoenix, Arizona 85003-1611  
9 Attorneys for Defendant City of Phoenix

10 ORIGINAL of the foregoing e-filed with  
11 the court and a copy delivered electronically this  
12 5th day of August, 2011, to:

13 The Honorable Eileen Willett  
14 Judge of the Superior Court

15 COPY of the foregoing mailed  
16 this 5th day of August, 2011, to:

17 Dianne Barker  
18 3219 East Camelback Road, #393  
19 Phoenix, AZ 85018  
20 Plaintiff Pro Per

21 By /s/A. Valenzuela  
22 CEK:AV#925647\_1.DOC  
23  
24

OFFICE OF THE CITY ATTORNEY  
200 West Washington, Suite 1300  
Phoenix, Arizona 85003-1611  
(602) 262-6761

Exhibit C

## CIVIL COVER SHEET

JS 44 (Rev. 12/07)

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

## I. (a) PLAINTIFFS

Barker, Dianne

(b) County of Residence of First Listed Plaintiff Maricopa  
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorney's (Firm Name, Address, and Telephone Number)

Dianne Barker, Pro Per  
3219 E. Camelback Road, #393

## DEFENDANTS

City of Phoenix; Mayor Philip Gordon; 21st Century Ins of S  
West; Jose Mesa Ramirez and Jimmy Mesa Muneton

County of Residence of First Listed Defendant Maricopa  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE  
LAND INVOLVED.

Attorneys (If Known)

Christina E. Koehn, Bar #013037  
Office of the City Attorney

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff  
☐ 2 U.S. Government Defendant  
☒ 3 Federal Question (U.S. Government Not a Party)  
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   | PTF                        | DEF                        |   | PTF                        | DEF                        |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes

## V. ORIGIN

(Place an "X" in One Box Only)

- ☐ 1 Original Proceeding  
☒ 2 Removed from State Court  
☐ 3 Remanded from Appellate Court  
☐ 4 Reinstated or Reopened  
☐ 5 Transferred from another district (specify)  
☐ 6 Multidistrict Litigation  
☐ 7 Appeal to District Judge from Magistrate Judgment

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing. (Do not cite jurisdictional statutes unless diversity):  
42 U.S.C. 1983, ADA 1990, Rehab. Act 1973 Civil Rights Law

Brief description of cause:

Violation of civil rights ("unequal protection," U.S. Constitution, First Amendment Free Speech)

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

08/05/2011

SIGNATURE OF ATTORNEY OF RECORD

/s/Christina E. Koehn

FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_

Exhibit D



Additional sheets may be used as necessary.

<u>Party</u>	<u>Date Served</u>	<u>Method of Service</u>
Defendant City of Phoenix	July 20, 2011	Delivered to City Clerk

SUPPLEMENTAL CIVIL COVER SHEET  
FOR CASES REMOVED FROM ANOTHER JURISDICTION

(CONTINUED)

1. Style of the Case (Continued):

<u>Party</u>	<u>Party Type</u>	<u>Attorney(s)</u>
Mayor Philip Gordon	Defendant	(Has not been served)
21 <sup>st</sup> Century Ins of S West	Defendant	Unknown
Jose Mesa Ramirez	Defendant	Unknown
Jimmy Mesa Muneton	Defendant	Unknown

**5. Unserved Parties:**

The following parties have not been served at the time this case was removed:

<u>Party</u>	<u>Reason Not Served</u>
21st Century Ins of S West	unknown
Jose Mesa Ramirez	Unknown
Jimmy Mesa Muneton	Unknown
Mayor Philip Gordon	Unknown

**6. Nonsuited, Dismissed or Terminated Parties:**

Please indicate changes from the style of the papers from another jurisdiction and the reason for the change:

<u>Party</u>	<u>Reason for Change</u>
--------------	--------------------------

**7. Claims of the Parties:**

The filing party submits the following summary of the remaining claims of each party in this litigation:

<u>Party</u>	<u>Claim(s)</u>
Plaintiff	Violation of civil rights ("unequal protection," First Amendment Free Speech, "ADA 1990, Rehab Act 1973 Civil rights laws," and 42 USC 1983). Additionally, Plaintiff asserted state law claims: false reporting intentional tort, Arizona Constitution, Arizona Revised Statutes Title 28 and seeks monetary compensation and injunctive relief for police training.

**Pursuant to 28 USC § 1446(a) a copy of all process, pleadings, and orders served in another jurisdiction (State Court) shall be filed with this removal.**